

2084

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>359</u>	
1. PLACE OF DEATH		COUNTY <u>Navajo</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>13</u>	
TOWNSHIP <u>Winslow</u>		OR VILLAGE <u>Santa Fe Cottage #12</u>		ST. <u></u>		WARD <u></u>	
CITY <u>Winslow</u>		NO. <u></u>		(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)			
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>30</u> YRS. <u></u> MOS. <u></u> DS. <u></u>		HOW LONG IN U.S. OF FOREIGN BIRTH? <u>30</u> YRS. <u></u> MOS. <u></u> DS. <u></u>		HOW LONG IN STATE WHERE DEATH OCCURRED? <u></u> YRS. <u></u> MOS. <u></u> DS. <u></u>			
2. FULL NAME <u>Edward Clarke</u>		WARD <u></u>		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
(A) RESIDENCE: NO. <u>Cottage #12 Southside</u>		(USUAL PLACE OF ABODE)					
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) <u>Married</u>					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hannah Mary Clarke</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-15-1855</u>							
7. AGE <u>80</u> YEARS	<u>10</u> MONTHS	<u>20</u> DAYS	IF LESS THAN 1 DAY, HRS. <u></u> OR MIN. <u></u>				
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Storehouse Emp.</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>A.T. & S.F. Mfg. Co.</u>							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Pensioned</u>							
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u></u>							
12. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u>							
(STATE OR COUNTY)							
13. NAME <u>Caleb Clarke</u>							
14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u>							
(STATE OR COUNTY)							
15. MAIDEN NAME <u>Sarah Maria Condit</u>							
16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u>							
(STATE OR COUNTY)							
17. INFORMANT <u>Ellen Clarke</u>							
(ADDRESS) <u>Winslow, Arizona.</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winslow, Ariz.</u> DATE <u>2-8-36</u> , 19 <u>36</u>							
19. EMBALMER { LICENSE NO. <u>202A</u> SIGNATURE <u>J.M. Drumm</u> FUNERAL DIRECTOR <u>J.M. Drumm</u> ADDRESS <u>Winslow, Arizona.</u>							
20. FILED <u>2-5</u> , 19 <u>36</u> <u>Lorna Drumm</u> REGISTRAR							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-5-36</u> , 19 <u>36</u>							
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>1933</u> , 19 <u>33</u> , TO <u>Feb 5</u> , 19 <u>36</u>							
I LAST SAW HIM ALIVE ON <u>Feb 4</u> , 19 <u>36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>12:30</u> M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
<u>Coronary Thrombosis</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Degenerative Heart Disease for 3 or 4 yrs.</u>							
NAME OF OPERATION <u></u> DATE OF <u></u>							
WHAT TEST CONFIRMED DIAGNOSIS? <u></u> WAS THERE AN AUTOPSY? <u>no</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u></u> DATE OF INJURY <u></u> , 19 <u></u>							
WHERE DID INJURY OCCUR? <u></u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u></u>							
MANNER OF INJURY <u></u>							
NATURE OF INJURY <u></u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>							
IF SO, SPECIFY <u>Wagoner</u> N. D. <u></u>							
(SIGNED) <u>Wagoner</u> (ADDRESS) <u>Winslow, Arizona</u>							
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION							